



City of San Angelo, Texas - Building Permits & Inspections  
52 West College Avenue



# Residential Building Permit Application

**NOTE: Incomplete or illegible applications will not be accepted. All applications must be submitted digitally. All required fields must be filled in adequately. The Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.**

## Section 1: Basic Information

Address \_\_\_\_\_

Legal Description (can be found on property tax statement or at [www.tomgreencad.com](http://www.tomgreencad.com)) \_\_\_\_\_

**Point of Contact / Authorized Representative - All communications will be conducted with this individual.**

Point of Contact: \_\_\_\_\_

Name/Company

Phone Number

Email Address

Tenant: \_\_\_\_\_

Name/Company

Phone Number

Email Address

Property Owner: \_\_\_\_\_

Name

Phone Number

Email Address

Contractor: \_\_\_\_\_

Name/Company/Contractor #

Phone Number

Email Address

Architect/Engineer/Design Professional: \_\_\_\_\_

Name

Phone Number

Email Address

## Section 2: Property Characteristics

Lot Size (Square Feet) \_\_\_\_\_

Lot Size (Acreage) \_\_\_\_\_

Total square footage of all existing buildings on site: \_\_\_\_\_ Square footage of proposed work: \_\_\_\_\_

## Section 3: Utility Information

Water:  City - requesting new meter  
 City - utilizing existing meter  
 Other

Sewer:  City - requesting new services  
 City - utilizing existing services  
 Other  
 Septic System

(NOTE: Please see Tom Green County Health Department for Septic System Permit 325-658-1024)

## Section 4: Project Scope

Change of occupancy  Construction  Addition  House Moving  Repair Work  
 Alteration  Demolition  Carport  Accessory Building

Scope of Work (select all that apply):

Description of Work: \_\_\_\_\_

The undersigned certifies that the above information is correct to the best of my knowledge and that I have read, fully understand and agree to abide by all applicable city ordinances and specifications.

Authorized Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

Hours of Operation: 8 AM -12 PM & 1PM – 5 PM

No payments or permit issuance can be made after 4 PM due to accounting constraints. 325-657-4210, #1 [www.cosatx.us/permits](http://www.cosatx.us/permits)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

## RESIDENTIAL CONSTRUCTION - PERMIT CHECKLIST

**N/A** General Requirements

 

A completed application. All information must be completely filled out.

One complete **digital** set of plans with specifications, fully dimensioned. Plans must be drawn to scale and indicating the scale used. These plans must include:

**Construction drawings**

 

- Foundation Detail

 

- Wall sections
  - Typical (wall) Framing Detail
  - Elevation Drawings

 

- Roof Detail

 

- Structural

**Floor plan**

 

- Label each room with use and dimensions.

 

- Show all door locations.

 

- Smoke detector locations.
  - Carbon monoxide detector locations (if gas is used in the residence or if there is an attached garage).

 

- Plumbing fixture schedule. (N/A if no plumbing work is involved.)

 

- Window schedule
  - Required when replacing existing windows, adding new windows or when window is used as emergency egress. (Mark N/A if none of the above apply.)

**Specifications**

 

- Electrical
  - N/A if no electrical work is proposed

 

- Plumbing
  - N/A if no plumbing work is proposed

 

- Residential Check Forms found at <https://www.energycodes.gov/rescheck>.

**Required Building Address Signage**

 

**Site Plan (Required if new construction or expanding the footprint of the building)**

 

- All property lines, setback lines and curb lines.

 

- All existing and proposed driveway approaches with dimensions at the narrowest and widest portions.

 

- If building or site work occurs within the flood plain, apply for a Flood Plain Development Permit with Engineering Services.

I certify that all items above have been provided as required. I understand that not providing all of this information will result in an incomplete application, which will not be reviewed or approved until all minimum requirements have been addressed.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date